

JAN. 3. 2007 5:24PM

NEEDLE & ROSENBERG

NO. 9937 P. 1

RECEIVED  
CENTRAL FAX CENTER

JAN 03 2007

NEEDLE & ROSENBERG

IMPORTANT FAX DOCUMENT

---

DATE January 3, 2007  
NAME Examiner Barbara N. Burgess  
COMPANY U.S. Patent and Trademark Office - Group Art Unit 2157  
YOUR REF. NO. 09/742,091  
FAX NUMBER 571-273-8300

---

INTELLECTUAL PROPERTY ATTORNEYS  
NEEDLE & ROSENBERG PC  
SUITE 1000  
999 PEACHTREE STREET  
ATLANTA, GEORGIA 30309-3915  
678-420-9300  
WWW.NEEDLERROSENBERG.COM

FROM Jason Jackson - Registration No. 56,733  
OUR REFERENCE NO. 16178.0003U1  
OUR FAX NUMBER 678-420-9301  
NUMBER OF PAGES 17 (including this cover page)

---

Please see attached:

1. Transmittal Letter (2 pages)
2. Amendment and Response to Office Action (11 pages)
3. Request for Extension of Time (2 pages)
4. Credit Card Payment Form PTO-2038 in the amount of \$510.00 (1 page)

CONFIDENTIALITY NOTE

*The information which follows and is transmitted herewith is attorney privileged, trade secret and confidential information intended only for viewing and use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any review, use, communication, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address.*

RECEIVED  
CENTRAL FAX CENTER

JAN 03 2007

ATTORNEY DOCKET NO. 16178.0003U1

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of )

**Bauer et al.** )

Art Unit: 2157

Application No.: 09/742,091 )

Examiner: Burgess, Barbara N.

Filing Date: December 22, 2000 )

Confirmation No.: 6999

For: "METHOD AND SYSTEM OF  
COLLABORATIVE BROWSING" )

**TRANSMITTAL LETTER**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

January 3, 2007

Sir:

Transmittal herewith is/are the following in the above-identified application:

- |                                     |   |                                     |                               |
|-------------------------------------|---|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Amendment and Response to Office Action | <input checked="" type="checkbox"/> | Request for Extension of Time |
| <input checked="" type="checkbox"/> | Fee as calculated below                 | <input type="checkbox"/>            | Supplemental Declaration      |
| <input type="checkbox"/>            | No Additional Fee Required              | <input type="checkbox"/>            | Terminal Disclaimer           |
| <input type="checkbox"/>            | Corrected Drawings                      | <input type="checkbox"/>            | Other _____                   |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	20	20	0	X \$50.00		\$0.00
Independent Claims	2	3	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input checked="" type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>	\$1020.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$510.00
TOTAL FEE DUE						\$510.00

ATTORNEY DOCKET NO. 16178.0003U1  
APPLICATION NO. 09/742,091

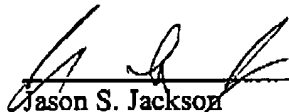
RECEIVED  
CENTRAL FAX CENTER

JAN 03 2007

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$510.00 for the fees designated below. (Form PTO-2038 enclosed).  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

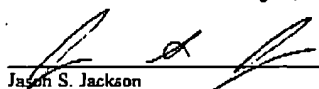
NEEDLE & ROSENBERG, P.C.

  
Jason S. Jackson  
Registration No. 56,733

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859  
(678) 420-9300  
(678) 420-9301 (fax)

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to: Examiner Barbara N. Burgess, Art Unit 2157, Telephone: (571) 273-8300, on the date indicated below.

  
Jason S. Jackson

1-3-2007  
Date